

Governor's Commission for a Drug Free Indiana

A Division of the



Comprehensive Community Plan

County: Marion

LCC: Drug Free Marion County

Date: June 30, 2006



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Plan Summary

Mission Statement: Drug-Free Marion County, Inc., a not-for-profit organization, plans, promotes, implements, and coordinates community efforts to prevent and reduce abuse of alcohol, tobacco, and other drugs among youth and adults

History: Drug-Free Marion County was formed in 1998 as a restructured Local Coordinating Council for Marion County. The organization was incorporated in 2000 and we received our 501c3 non-profit status in 2001. Since that time we have obtained several grants to expand our opportunities and meet some identified needs in the community.

In 2001, we were one of 15 cities selected to participate in the Demand Treatment! Project funded by the Robert Wood Johnson Foundation and administered by the Join Together Organization, Boston University School of Public Health. This grant focused on expanding substance abuse treatment access through screening in primary healthcare settings. That project officially ended in 2003, but the strategy of implementing SBIRT (Screening, Brief Intervention, Referral and Treatment) is still being implemented.

Also in 2001, we received a Drug-Free Communities Support Program grant from the Office of Juvenile Justice and Delinquency Prevention. Through this grant we have created a separate Youth ATOD Coalition and are implementing the Strategic Prevention Framework in several communities within Marion County. We were also able to bring on board a Project Coordinator and part-time Clerical Assistant to assist with implementation and other tasks. We have completed the fifth year of funding and will be submitting an new application in 2006 for beginning an additional five years of funding.

Early in 2003, we also received a one-time grant from the Hoover Foundation. These dollars are being used to print a comprehensive Treatment Provider Directory for Marion County. This project began in 2002 with developing a database and conducting a subsequent survey of local providers. Printing of 1,650 directories was recently completed and will soon be ready for broad community distribution.

In late 2003, we were awarded a grant from the Nina Mason Pulliam Charitable Trust to implement an SBIRT pilot project which partnered several healthcare clinics with treatment providers to identify substance use among their clients. The project proved especially successful at the Bellflower Clinic with their STD/HIV patients. The project also led to instituting a screening process at the Arrestee Processing Center which continues through a grant received by the Public Defender Agency from the Indiana Criminal Justice Institute.

In 2002, we also produced and distributed our first substance abuse report entitled, "A Community At-Risk: Drug-Free Marion County's SNAPSHOT of Alcohol, Tobacco and Other Drug Use." This report includes data and trends on 17 key indicators including: youth drug use, tobacco sales to minors, juvenile and adult drug offenses, arrestee drug test results, drug seizures, alcohol related crashes, drug related deaths and addiction treatment recipients. The third edition of the SNAPSHOT was produced in 2005 .

Also in 2002, we were asked to serve as the Local Coordinating Council for the Indianapolis ADAM (Arrestee Drug Abuse Monitoring) Project. Directed by the National Institute of Justice (NIJ), the ADAM Project gathered data from testing adult arrestees for illegal drug use. Our role was to integrate the data into local planning and assist with dissemination of results to a broader audience. Some of the ADAM data has been included in the SNAPSHOT mentioned previously. The ADAM project ended in December 2004.

During 2002 we created our website, www.drugfreemarioncounty.org. This website was updated in September 2005 and includes not only general information about the organization, activities and grant projects, but also has copies of our Comprehensive Community Plan, the SNAPSHOT and Provider Directory. We also place our annual Drug Free Community Fund application online.

Our Board of Directors meet on a bi-monthly basis. Channel 16, our local government cable channel, televises one of our board meetings each quarter. This has significantly increased our exposure to a broader community audience. In addition to our regular business meetings, we often have guest presenters give us information on various topics. Besides a 25-member board, there are six standing committees: Treatment, Prevention/Education, Criminal Justice, Public Awareness, Finance/Development and RFP/Evaluation. We currently have nearly 60 individuals from our board, grantee organizations, concerned citizens and other interested parties actively participating on these committees.

Summary of the Comprehensive Community Plan:

Composite problem statements were created that provide a summary of the needs/problems identified in each section. These composite problem statements are listed below to give the reader a preface to what problems are to be covered in the plan. (It is important that the reader cross-reference each section of the plan as some issues are covered in more than one section.)

Prevention/Education: Indianapolis/Marion County has an increasing problem with alcohol, tobacco and other drug use. This growing problem threatens the healthy development and physical safety of all Marion County residents. There is a lack of coordinated and comprehensive ATOD (alcohol, tobacco and other drug) prevention/education programs within Marion County to address this alarming problem.

Criminal Justice: Indianapolis/Marion County has experienced unprecedented activity involving drug and other substance abuse, which have affected the criminal justice system and community at large through increased crime and decreased confidence in the criminal justice system. Increased crime by youthful and adult offenders has led to more arrests resulting in over-crowded jail cells, a growing backlog of court cases, the need for more prosecutors and public defenders, increased demand for drug and substance testing and treatment and even more resources for monitoring persons on pre-trial release and

probation. Also, laws related to possession, use and sale of alcohol and tobacco have not effectively been enforced.

Treatment: ATOD treatment is most effective in an environment that coordinates services. Current funding structures and service delivery systems tend to create barriers to a full continuum of care for those served. Identified gaps exist which limit access to treatment, quality of care, detox services and environmental supports for underserved and/or ineffectively served populations (e.g. indigent, working poor, underinsured, single or multiply diagnosed, adolescents, culturally diverse, homeless, women and women and their children, etc). In addition, strategic planning needs to occur that supports coordination of existing services and identified gaps.

Miscellaneous/Administration: There exists a need to have a fully staffed office to administer the needs of the Marion County Local Coordinating Council. This staff would lead countywide efforts to gather more baseline data on the extent and variety of substance abuse throughout our entire community and assess more completely the cost of this abuse to the community.

Geographic Area Served:

Marion County/Indianapolis has a population of approximately 800,000 residents. The county includes both urban and suburban districts. There are eleven school districts within the county borders. The inner city hosts manufacturing and industrial businesses as well as some retail outlets. The suburban areas have more residential and retail space and less manufacturing and industrial businesses. There are small and medium-sized businesses as well as large corporate offices throughout the county.

Grant Application and Review Process:

Drug Free Marion County solicits proposals from the community via an RFP (Request for Proposal) process. We host a Bidder's Conference to share important information about completing the application, submitting proposals, how proposals are evaluated and timeframes for review and approval.

We enlist a Review Panel of at least 15 individuals to read and review the proposals. (No more than 1/3 of the panel can be board members.) Their recommendations for funding are then reviewed by our Board of Directors and then passed along to the Criminal Justice Planning Council (CJPC). The CJPC conducts their own review of the proposals and make recommendations to the City-County Council for final approval.

Monitoring Role:

Drug-Free Marion County monitors progress of those programs funded by the County Drug-Free Communities Fund through several methods. Each program is required to submit quarterly Program and Financial Reports to our office. The Executive Director also conducts site visits. In addition, our committees include representatives from each program who report on their funded projects and sometimes host meetings at their sites.

Membership List

County LCC Name: Marion

Name	Organization	Race	Gender	Category
Rob Wilkins	Wilkins Tax Service	African American	Male	Business
Kathy Lay	IU School of Social Work	Caucasian	Female	Education
Chuck Wills	Mary Ober Foundation	Caucasian	Male	Funders
David Shaheed	Marion Superior Ct.	African American	Male	Judiciary
Jerry Barker	Indianapolis Police Dept.	Caucasian	Male	Law Enforcement
Carson Soule	Marion County Mental Health	Caucasian	Female	Mental Health
Tony Williamson	St. Florian Center	African American	Male	Civic Organizations
Dan Crowe	Greater Indianapolis Council on Alcoholism	Caucasian	Male	Elderly
Anna Hail	Treatment Interventions Plus	Hispanic	Female	Health
William Klepper		Caucasian	Male	Labor
Collette Duvalle	Health & Hospital Corp.	African American	Female	Media
Bill Hubbs	Southeast Community Service	Caucasian	Male	Neighborhoods
Marissa Manlove	Noble of Indiana	Caucasian	Female	Parents
Jonathan Adland	Indianapolis Hebrew Congregation	Caucasian	Male	Religion
Nate Rush	Bethlehem House	African American	Male	Recovery
Charlotte Pontius	Fairbanks	Caucasian	Female	At-Large
Kandace Hoosier	Warren Central High School	African American	Female	Youth

George Brenner	Gallahue Mental Health Center	Caucasian	Male	Treatment
Flora Wilsker	Pathway Family Center	Caucasian	Female	At-Large
Fran Safford	Hamilton Center	Caucasian	Female	At-Large
Dennis Jackson	Martin University	African American	Male	At-Large
Jerry McCory	Office of the Mayor	Caucasian	Male	Mayor
Dorothy Conklin	Marion County Auditor	Caucasian	Female	Auditor
Fred White	Marion County Prosecutor	Caucasian	Male	Prosecutor
Greg Bowes	City-County Council	Caucasian	Male	City-County Council

Problem Identification

Problem Statement #1: P1: Use of tobacco, alcohol and other drugs by Marion County youth continues to be above state and national norms.

Supportive Data:

- The use of cigarettes, alcohol and marijuana by Marion County 8th grade students were equal to or above state and national norms in 2000. (Indiana Prevention Resource Center)
- Juvenile arrests for drug offenses in Marion County increased by more than 100% from 1994 to 2000. (Indiana Prevention Resource Center)

Year 1 Update:

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Year 2 Update:

- **The reported lifetime use of cigarettes, alcohol and marijuana by Marion County 8th grade students continued to be above state and national norms in 2004; marijuana use was almost twice the national and about 1/3 higher than the state average, tobacco use was almost 30% higher than the national rate, and lifetime alcohol use was reported almost 25% higher than the national average. (Indiana Prevention Resource Center)**
- **There were 578 juveniles arrested for drug offenses in Marion County in 2003. While not as high as in 2000, the number of arrests still indicates a major problem for Marion County youth. (Indiana Prevention Resource Center)**

Objectives:

- **A. Encourage collaboration among faith-based and community organizations, communities, families, school, business, law enforcement and criminal justice to develop identifiable assets (ex. 40 Developmental Assets) and distribute resource information to decrease ATOD use by youth.**
- **B. Encourage the use of research-based drug prevention curricula that:**
 - **Helps students recognize internal pressures, like anxiety and stress, and external pressures, like peer attitudes and advertising that influence them to use alcohol, tobacco and other drugs.**
 - **Develops personal, social, and refusal skills to resist these pressures; actively involves the family and the community and encourages collaboration of the community and treatment providers in the training, education and support of teachers and administrators.**
 - **Helps parents recognize the signs of drug behavior and use, develop a better understanding of the powerful nature of the disease of addiction and it's causes, and the resources available for intervention and treatment.**
 - **Includes an evaluation component.**
- **C. Create a community-wide evaluation system for ongoing reporting of results of ATOD prevention/education programming.**
- **D. Develop a system for facilitation, communication, and collaboration with all ATOD Prevention & Education programs in Marion County.**
- **E. Encourage youth and parent involvement in planning and implementation of activities, projects, programs and organizations that are designed to reduce ATOD abuse among their peers.**
- **F. Encourage organizations that provide prevention programming to have, or to be in the process of obtaining, prevention certification. (Credentialing bodies should make such certification readily available and affordable.)**

Year 1 Update:

- We actively participate in the Red Ribbon Rally and Back-to-School Kick-Off that involves many organizations from the above-mentioned groups (ref. A above).
- Provided financial support for the following research-based programs that address this problem (ref. B above):
 - 1) Plan to Succeed – Children’s Bureau
 - 2) Healthy Alternatives – Lutheran Child & Family Services
 - 3) Preventive Training for School & Community – Fairbanks
 - 4) SMART Moves – Boys’ & Girls’ Clubs
- Prevention/Education Committee is working on a Provider Directory that may eventually allow us to develop this type of system (ref. C above).

Year 2 Update:

- Youth ATOD Coalition has been formed that pulls from broad sectors of the community (ref. A above)
- Faith-based prevention conference is held annually (ref. A above)
- IPS (Indianapolis Public Schools) collaborates with community organizations to use the 40 Developmental Assets curriculum with their students (ref. A above)
- We actively participate in the Red Ribbon Rally and Back-to-School Kick-Off that involves many organizations from the above-mentioned groups (ref. A above)
- Afternoons Rock programs require use of evidence-based curricula (ref. B above)
- Boys/Girls Clubs use Smart Moves program (ref. B above)
- Ruth Lilly Health Education Center programs are tied to Indiana’s academic standards (ref. B above)
- Provided financial support for the following research-based programs (ref. B above):
 - 1) Preventive Training for School & Community – Fairbanks
 - 2) SMART Moves – Boys’ & Girls’ Clubs
 - 3) Lions Quest – Children’s Bureau
- Prevention Providers Directory data collection began in October 2005 (ref. C above)
- Our Youth ATOD Coalition has begun to do this (ref. D above)
- The Prevention Provider Directory will also assist with creating this system (ref. D above)
- Boys/Girls Clubs involve youth in planning monthly prevention themed activities (ref. D above)
- Programs that use evidence based curricula (e.g. used by Afternoons Rock, SMART Moves, etc.) require parent involvement (ref. D above)
- ATOD Youth Coalition includes this representation (ref. E above)
- Boys/Girls Clubs involve youth in planning monthly prevention themed activities (ref. E above)
- Programs that use evidence based curricula (e.g. used by Afternoons Rock, SMART Moves, etc.) require parent involvement (ref. E above)
- The state’s prevention training and credentialing system has encouraged more prevention providers to seek their certification (ref. F above)

Goals:

- Annually decrease *by 1%* use of *either* alcohol, tobacco, and other drugs by Marion County youth.

Year 1 Annual Benchmarks:

- 1) By 12-31-2005, use of tobacco, alcohol and other drugs by Marion County youth will be below state and national norms.
- 2) By 12-31-2006, will publish results of collaboration and communication efforts among ATOD prevention/education programs.
- 3) By 12-31-2005, there will be a 5% increase in youth actively involved in efforts to reduce alcohol, tobacco and other drug abuse, especially among their peers.

Year 2 Annual Benchmarks:

- The Board of DFMC did not update Benchmarks in Year 2.

Problem Statement #2: P2: There is a problem with over medication and an insufficient awareness of ATOD risks and inherent problems among the elderly that affects both them and the community at large.

Supportive Data:

- The Indiana Division of Mental Health 1995 Biennial Report indicated that nearly 10% of Marion County's population over the age of 65 demonstrated an alcohol/drug use disorder.
- The major causes of death among the elderly (cancer, heart disease, stroke) are associated with smoking or Environmental Tobacco Smoke (ETS). (The Center for Social Gerontology, Inc.)
- The Indiana Division of Mental Health includes older adults as one of their "critical populations" because they have been under-served or omitted from receiving mental health/addiction services due, in part, to barriers in accessibility and availability of such services.
- There is a lack of consistent, positive media promotion regarding prevention/education of ATOD abuse. **

Year 1 Update:

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Year 2 Update:

- **Among the over 60 population, as many as 17% misuse alcohol or medications (American Society on Aging)**
- **Older people consume at least 25% of all over-the-counter medications available without prescription. (American Society on Aging)**
- **The Indiana Division of Mental Health includes older adults as one of their “critical populations” because they have been under-served or omitted from receiving mental health/addiction services due, in part, to barriers in accessibility and availability of such services. (2002/2003 Biennial Report)**

Objectives:

- **A. Establish educational awareness aimed at problems of elderly ATOD abuse through health/mental health providers, social service agencies, religious organizations, employers, families, etc.**
- **B. Promote organizational partnering to increase awareness, establish a speaker’s bureau and develop programming strategies of ATOD problems, across the lifespan.**
- **C. Promote consistent, positive media coverage of ATOD problems through positive outcomes and actual stories.**

Year 1 Update:

- **CICOA (Central Indiana Council On Aging) offers some programs to address this problem among the elderly population (ref. A above).**

Year 2 Update:

- **Family Services and the Ruth Lilly Health Education Center provide training and education to a variety of community organizations and groups.**
- **The 2005 Addiction Recovery Month Kick-Off was covered by our local public broadcasting station and included stories of individuals who overcame their addiction**

Goals:

- **Increase awareness in Marion County of effective ATOD programs for the elderly.**

Year 1 Annual Benchmarks:

- 1) By 12-31-2005, establish a baseline of reported ATOD use by the elderly in Marion County.
- 2) By 12-31-2005, create an asset map of treatment available for the elderly.
- 3) By 12-31-2005, create opportunities for positive media forums on ATOD problems of the elderly.
- 4) By 12-31-2006, there will be a 10% reduction in alcohol, tobacco and other drug addictions among Marion County residents age 65 and over.
- 5) By 12-31-2005, organizations and agencies that serve the elderly population will provide education regarding ATOD issues.

Year 2 Annual Benchmarks:

- The Board of DFMC did not update Benchmarks in Year 2.

Problem Statement #3: P3: There is an insufficient awareness of, and response to, the problem of substance abuse in the workplace.

Supportive Data:

- Among full-time workers aged 18 to 49 in 2000, 8.1 percent reported past month heavy alcohol use, and 7.8 percent reported past month illicit drug use. (National Household Survey on Drug Abuse)
- The annual per person cost of substance abuse in the United States was estimated to be approximately \$1,000 in 1995. (NIDA Notes, 1998)
- There is a lack of consistent, positive media promotion regarding prevention/education of ATOD abuse among the adult workforce in Marion County.**

Year 1 Update:

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Year 2 Update:

- In 2004, 77.6% of adults with substance abuse dependence or misuse were employed either full time or part time (NIDA, National Household Survey on Abuse)
- 38% -50% of all Worker's Compensation claims are related to substance abuse in the workplace (AEGIS Sciences Corporation, 2003)

Objectives:

- A. Increase awareness of and provide prevention information about ATOD problems within the workforce and their impact on business and labor community.

- **B. Help leaders in business and labor recognize signs of drug abuse, develop an understanding of the powerful nature of the disease of addiction and its causes, and how to utilize resources available for intervention and treatment.**
- **C. Promote consistent, positive media coverage of ATOD problems in the workplace through outcomes and actual success stories.**
- **D. Encourage business leaders to be involved in planning and supporting programs by partnering with community organizations that reduce ATOD problems in the workplace.**

Year 1 Update:

- **Provided financial support for ATOD Workshops for Business project – Family Services, that address this problem (ref. A & B above)**
- **Mickey Maurer, Indianapolis Business Journal, recently named as Chairperson of Smokefree Indy, a coalition working on a smokefree workplace ordinance (ref. D above).**

Year 2 Update:

- **Fairbanks markets their EAP services to employers and businesses (ref. A above)**
- **Alcohol Screening Day activities are done at several places of employment (ref. A & B above)**
- **MSD of Perry Twp. includes Wellness Screenings for their employees (ref. B above)**
- **Family Services provides businesses and their employees with training on ATOD issues when requested (ref. A above)**
- **The SBIRT (Screening, Brief Intervention, Referral and Treatment) Project educated not only clients, but staff in this area (ref. B above)**
- **The Smokefree Indy Coalition that initiated the smokefree workplace ordinance included business leaders in its efforts (ref. D above)**

Goals:

- **Increase awareness and involvement of business and labor community regarding ATOD abuse and its impact on the workforce and in the workplace.**

Year 1 Annual Benchmarks:

- 1) By 12-31-2005, establish a baseline of the level of reported ATOD abuse in the workforce in Marion County.
- 2) By 12-31-2006, actively involve business and labor leaders in local efforts to reduce ATOD abuse in the workforce.
- 3) By 12-31-2005, create opportunities for positive media forums on ATOD problems in the workforce.
- 4) By 12-31-2006, there will be a 10% reduction in ATOD abuse among the workforce in Marion County.

Year 2 Annual Benchmarks:

- The Board of DFMC did not update Benchmarks in Year 2.

Problem Statement #4: T1. Some Marion County residents, e.g. the indigent, working poor, underinsured, single or multiply diagnosed, adolescents, culturally diverse, homeless, women and women and their children and other under-served populations (i.e. target populations) are not receiving adequate or appropriate ATOD treatment services. There are not sufficient opportunities and incentives for them to obtain services that are accessible, affordable, and geographically convenient, culturally sensitive and which provide a comprehensive continuum of treatment.

Supportive Data:

- The Indiana Division of Mental Health and Addiction includes the indigent, working poor, older adults, persons with physical disabilities, ethnic minorities and the homeless among their definition of “critical populations” because they are limited in their ability to receive mental health and substance abuse treatment services due to barriers such as; limited resources, site location, communication skills, time constraints, etc.
- According to the most recent Community Service Council report, there are significant gaps or levels of support in Central Indiana AOD systems. Of particular importance to treatment, issues are the following:
 - There is a lack of community-based treatment options for chronically addicted persons (e.g. de-institutionalized persons).
 - Financial support for treatment is inadequate given lack of parity and health insurance limits and limits on public funding (e.g. capitation models).
 - There are an inadequate number of treatment programs for the working poor and other persons who do not qualify for the Hoosier Assistance Program (HAP). Also, HAP does not serve all eligible persons.
 - There is a lack of treatment capacity relative to detoxification services. In addition, detoxification options are limited.
- The implementation of the Hoosier Assurance Plan has revised and, in some situations, re-defined the methods and ability of certain target populations to access both treatment and services and the funding available to pay for the treatment and services.
- The Division of Mental Health Biennial Report gives several examples of the need to be more pro-active with substance abuse treatment needs of the population. It is

- estimated that approximately 8% of the adult population in Indiana reports current diagnostic symptoms consistent with substance dependence. However, only 1% of this group will seek some form of treatment for substance abuse in any given year.
- Treatment options for dual diagnosis patients (those with a psychiatric disorder in combination with alcohol and/or other drug abuse) are lacking. Most counselors and clinicians who are educated and trained to deliver services for a single disorder are not prepared to provide services for unfamiliar symptoms. 1997 Biennial Report, (Division of Mental Health).
 - Critical populations (which include cultural minorities) under-utilize many mental health/addiction services because the providers are not culturally competent, and consequently these individuals/groups will use other avenues to deal with their illnesses (Indiana Division of Mental Health Biennial Report, June 1997).

Year 1 Update:

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Year 2 Update:

- **The Indiana Division of Mental Health and Addiction continued to target these groups as “critical populations” in their 2002-03 Biennial Report**
- **31% of the Indianapolis homeless population is estimated to have chronic substance abuse problems, but only 39% of individuals and 37% of persons in families with children received treatment services (2005 City of Indianapolis Comprehensive Plan)**
- **In SFY 05 only 4% of the total number receiving state-funded alcohol and drug use services were Hispanic (DMHA data reports)**
- **Of the total estimated need in Marion County, only 46% of those eligible for state funded services received them, including only 15% of women with children or pregnant (SFY 05 DMHA data reports)**
- **There were an estimated 8,400 chronically addicted adolescents in Marion County in SFY 05, but only 2,355 adolescents received state funded services statewide (DHMA data reports)**

Objectives:

- A. Development of more effective and efficient treatment programs to increase availability/accessibility of treatment services for under-served populations.
- B. Encourage more countywide partnerships and collaborative efforts among ATOD treatment providers, religious organizations, community agencies, neighborhood associations, criminal justice, health care, business and industry (Community Systems) to permit better use of limited funding sources.
- C. Development of programs and policies, which identify those persons who are in need of services, but have not been previously identified.
- D. Development of co-occurring disorders treatment options for adults and juveniles as well as collaboration among and cross training for staff of providers of both mental health and addiction services.

- E. Development of treatment programs, which apply proven methods of treatment.
- F. Create and establish programs which will expedite service delivery for addicted persons seeking treatment.
- G. Increase awareness and attention to ATOD issues among Community Systems.
- H. Cultural competency plans and implementation of service models are required to meet the needs of culturally diverse populations.

Year 1 Update:

- **Provided financial support for the following programs that address this problem (ref. A. above):**
 - 1) Assisted Living While In Treatment – Gallahue Mental Health Services**
 - 2) Bethlehem House – Bethlehem House**
 - 3) Relapse Prevention – Family Services**
 - 4) Drug Treatment Program – The Julian Center**
 - 5) Housing + - Partners In Housing**
 - 6) Sentencing Resources – Marion County Public Defender Agency**
- **Provide financial support for the Addiction Treatment Strategic Plan – Unlimited Synergy that addresses this problem (ref. B above)**
- **Our Screening, Brief Intervention, Referral and Treatment (SBIRT) project identifies non-dependent users through screening in healthcare clinics (ref. C above).**
- **Provided financial support for the Sentencing Project – Marion County Public Defender Agency that addresses this problem (ref. D above).**
- **Many treatment programs offer services that apply proven methods. The extent to which these have been measured for efficacy and results is limited (ref. E above).**
- **Local providers have sent staff to cultural competency training (ref. H above).**

Year 2 Update:

- **Provided financial support for the following (ref. A above):**
 - 1) Assisted Living While in Treatment – Gallahue Addiction Services**
 - 2) Relapse Prevention – Family Services**
 - 3) Drug Treatment Program – The Julian Center**
 - 4) Housing + - Partners In Housing**
 - 5) Sentencing Resources – Marion County Public Defender Agency**
- **Continue involvement with the Addiction Strategic Planning team that is addressing this problem (ref. B above)**
- **Our Screening, Brief Intervention, Referral and Treatment (SBIRT) project identifies non-dependent users through screening in healthcare clinics and the Arrestee Processing Center (ref. C above).**
- **Provided financial support for the Sentencing Project – Marion County Public Defender Agency that addresses this problem (ref. D above).**
- **Many treatment programs offer services that apply proven methods. The extent to which these have been measured for efficacy and results is limited (ref. E above).**
- **Local providers have sent staff to cultural competency training (ref. H above).**

Goals:

- There will be a 3% increase in availability of treatment services for under-served populations.
- There will be a 2% increase in the availability and accessibility of services, which utilize appropriate, proven treatment methods for persons with ATOD addictions.
- There will be a 2% increase in the number of residents utilizing treatment services throughout the county.

Year 1 Annual Benchmarks:

- 1) **Creation of specific case management services for target populations by 12-31-2006.**
- 2) **By 12-31-2006, increase relapse prevention services by 15%.**
- 3) **By 12-31-2006, develop at least one alternative program for chronically addicted persons for whom treatment is not available according to the ASAM-PPC2-R (American Society of Addictive Medicine-Patient Placement Criteria Revised).**
- 4) **By 12-31-2006, increase by 30% the addiction-related training made available to Community Systems.**
- 5) **By 12-31-2006, develop plan for creation of countywide task force to address partnering initiatives among Community Systems.**
- 6) **Marion County treatment providers will have improved cultural competency ratings by 12-31-2006.**
- 7) **Measures of baselines for treatment effectiveness will be in place by 12-31-2006.**

Year 2 Annual Benchmarks:

- **The Board of DFMC did not update Benchmarks in Year 2.**

Problem Statement #5: T2. Tobacco, whether smoked or smokeless, poses a health risk to many youth in Marion County as a primary substance of abuse or a potential gateway drug to other substances.

Supportive Data:

- The National Institute on Drug Abuse National Household Survey found that 12- 17 year olds who smoke tobacco are 12 times more likely to use heroin, 51 times more likely to use cocaine, 57 times more likely to use crack and 23 times more likely to use marijuana than 12-17 year olds who do not smoke tobacco.
- 78% of Marion County adults who currently smoke report they began smoking before the age of 18. (Marion County Community Health Assessment)

Year 1 Update:

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Year 2 Update:

- **In 2004, illicit drug use was 8 times greater among 12-17 years old who smoked cigarettes (47.5%) than among youth who did not smoke (5.6%) (NIDA National Household Survey)**
- **According to the Marion County Health Department, no update on the number of Marion County adults who began smoking before 18 has been done since the initial plan was submitted.**

Objectives:

- Support the efforts of the Marion County Tobacco Control Partnership and the Marion County Health Department.
- Alcohol and drug addiction services will increase their focus on nicotine addiction (Removed – Moved to Basic Principles for grant applicants).

Year 1 Update:

- **We actively participate on the Smokefree Indy coalition and the Marion County Tobacco Control Partnership**

Year 2 Update:

- **We actively participate on the Smokefree Indy coalition and the Marion County Tobacco Control Partnership**

Goals:

- Raise awareness among alcohol and drug treatment providers regarding the importance of education, awareness and cessation programs for those addicted to nicotine in alcohol and drug treatment programs.
- There will be a 5% increase in referrals to, and utilization of, nicotine education, awareness and cessation programs for youth and adults.

Year 1 Annual Benchmarks:

- 1) **By 12-31-2006, develop at least one new smoking intervention program for youth developed in Marion County.**
- 2) **By 12-31-2006, develop at least one new smoking cessation program for youth in Marion County.**
- 3) **Marion County alcohol and drug programs will have a defined means to address nicotine addiction by 2008.**

Year 2 Annual Benchmarks:

- **The Board of DFMC did not update Benchmarks in Year 2.**

Problem Statement #6: T3. The current fragmented and piecemeal approach to comprehensive planning, funding, partnering and service implementation fosters a “system of service offerings” that does not adequately meet the needs of underserved populations.

Supportive Data:

- There is currently no method to efficiently manage and coordinate the services, resources and planning for, and among, the ATOD treatment providers in Marion County.**

Year 1 Update:

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Year 2 Update:

- **This problem statement was based on anecdotal impressions of members of the Marion County treatment community, so no updated data source is available; however, the City of Indianapolis' Comprehensive Plan for Community Development, which includes the Blueprint to End Homelessness, continues to identify a need for comprehensive and coordinated services to meet the needs of underserved populations such as the chronically homeless and those with dual diagnoses.**

Objectives:

- A. Conduct survey of community treatment providers in Marion County to evaluate the current continuum of care and to develop database of treatment-related needs for underserved populations.
- B. (NEW wording) *Implement aspects of the* strategic plan for coordination, research and resource development among the providers of treatment, supportive services and other community groups to the substance abuse population in Marion County.
- C. Coordination of resources for individuals and groups dealing with ATOD problems, including, but not limited to: persons in need of services, treatment providers, prevention groups, coordinating committees, supportive services and community groups, etc.
- D. Coordinating substance abuse treatment as it relates to the Blueprint for Homelessness. (MOVED – Now Objective under Problem Statement T5)
- E. Update the local Treatment Provider Directory regularly.

Year 1 Update:

- **Our Substance Abuse Treatment Provider Directory serves as a resource that can provide this information (ref. A above).**
- **Provide financial support for the Addiction Treatment Strategic Plan – Unlimited Synergy, that addresses this problem (ref. B above).**
- **Provided financial support for the Housing + Project – Partners in Housing, that addresses this problem (ref. D above).**
- **This is being done on an annual basis (ref. E above).**

Year 2 Update:

- **Our Substance Abuse Treatment Provider Directory serves as a resource that can provide this information (ref. A above).**
- **Provide financial support for the Addiction Treatment Strategic Plan – Unlimited Synergy, that addresses this problem (ref. B above).**
- **This is being done on an annual basis (ref. E above).**

Goals:

- Efforts will be made to develop and implement an efficient system for coordination, planning and partnering of ATOD treatment providers to more adequately meet the needs of underserved populations.

Year 1 Annual Benchmarks:

- 1) **By 7-1-2006, complete a survey of Marion County treatment providers to evaluate the current continuum of care and treatment capacity to develop database of treatment-related needs for underserved populations.**
- 2) **By 12-31-2006, results of the survey will be disseminated to treatment providers.**
- 3) **By 7-1-2006, develop a strategic plan for coordination, research and resource development among the providers to the substance abuse population in Marion County.**
- 4) **By 7-1-2006, increase awareness and promote distribution of the resource guides and directories that are available in Marion County among treatment providers, prevention groups, coordinating committees, supportive services and community groups, etc.**

Year 2 Annual Benchmarks:

- **The Board of DFMC did not update Benchmarks in Year 2.**

Problem Statement #7: T4. Infrastructure (stigma, public policy, evidence-based practices, trained workforce and the like) limitations exist which present barriers to persons seeking treatment and receiving the highest quality of care.

Supportive Data:

- Addiction continues to be often seen as a moral failing, criminal behavior, characterological weakness, simple choice, etc. which creates a personal and public perception of stigma, which inhibits persons from recognizing their illness and seeking treatment.**
- A lack of adequate funding for those most in need of services has been demonstrated by the total enrollments in the Hoosier Assurance Plan in Marion County, which far exceeds those covered by the actual funding.
- Gaps in Evidence-Based Practices exist in the treatment available in Marion County including a workforce trained in these practices.**

Year 1 Update:

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Year 2 Update:

- **In response to the President's New Freedom Initiative, the Division of Mental Health and Addiction Services has identified a need to transform the statewide mental health system. Areas to be addressed include infrastructure fragmentation, the need to move to evidence-based practice, and alignment of systems, services and funding. (DMHA SFY 07 Strategic Initiatives)**

Objectives:

- A. Develop and present public education events that increase the scientific knowledge of addictive disorders to reduce stigma and present recovery in a positive light.
- B. Develop public policy initiatives that support increased funding for addictions treatment.
- C. Support blended funding collaborations between community-based addictions treatment and the Marion County criminal justice system and the Department of Corrections.
- D. Training opportunities will be developed and supported for managers and clinical providers that will serve to implement Evidence-Based Practices.

Year 1 Update:

- **A Keynote Speaker will present information about this topic at this year's Addiction Recovery Month Kick-Off on September 2 (ref. A above).**

Year 2 Update:

- **The annual Addiction Recovery Month Kick-Off addresses this problem (ref. A above).**
- **Hosted Recovery Ambassador's Workshop in July 2005 (ref. A above).**
- **Community Corrections requires increase in funding through the Department of Corrections, Forensic Diversion program (ref. B above).**

Goals:

- There will be an increased public awareness of the science of addiction through a variety of events focused on changing community perception and bias.
- *Those who work in the addiction treatment field as well as individuals in recovery and their friends, family members, etc.* will demonstrate an increased role in public policy issues regarding addictions treatment.
- There will be support of Evidence-Based Practices and workforce development through events that provide direct training, education and consultation in partnership with other organizations.

Year 1 Annual Benchmarks:

- 1) **There will be an increased demand for information from a variety of sources about addictive disorders and their treatment. A baseline will be established in 2004 with an increase of 5% each year thereafter.**
- 2) **Beginning in 2004, at least one local training event will be held each year that presents addiction-related knowledge and information to the public in an educational and positive way to reduce stigma and misperceptions.**
- 3) **By 12-31-2005, there will be an increase in training events that support Evidence-Based Practices among Marion County addictions treatment providers.**

Year 2 Annual Benchmarks:

- **The Board of DFMC did not update Benchmarks in Year 2.**

Problem Statement #8: T5. (NEW Previously Rec. Action T1 - I) There is a lack of effective detox/stabilization services options in Marion County.

Supportive Data:

- The Salvation Army has 21 beds for detox services and are not able to meet the demand, especially for persons of limited means (Report from Salvation Army Harbor Light, the only provider in Marion County that offers detox services for this population)

- There are limited detox services available elsewhere in the county that are available to the general public
- Winter contingency services provide shelter for intoxicated persons, yet no detox services
- The Blueprint to End Homelessness has identified 150 homeless persons per night that are in need of detoxification services (Coalition for Homeless Intervention and Prevention, 2002)

Year 1 Update:

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Year 2 Update:

- **Of the total number served statewide in state funded substance abuse treatment, only 9.5% was for detox services. (SFY 05 DMHA data reports)**
- **Emergency shelters, including the need for wet shelters to provide prompt access to treatment for persons who are intoxicated, and mental health services were among the top five needs identified in the City of Indianapolis' 2006 Annual Action Plan (Consolidated Plan for Community Development)**

Objectives:

- A. Increase detox beds available, especially for those of limited means
- B. Coordinate substance abuse treatment as it relates to the Blueprint for Homelessness (Previously T1-A)

Goals:

- Increase number of detox options available in Marion County.

Year 1 Annual Benchmarks:

- **None identified as this was originally strategy under Treatment Problem Statement 1 (T1-I)**

Year 2 Annual Benchmarks:

- **The Board of DFMC did not update Benchmarks in Year 2.**

Problem Statement #9: C1. Despite the successful efforts of local police agencies, seizure statistics show that Marion County remains under pressure from illegal drugs. Seizure figures support the belief that there has been a significant increase in attempts at local manufacture.

Supportive Data:

- Information from the Indianapolis Police Department indicates that seizures of illegal drugs since 1997 have increased exponentially in Marion County: ten times more Cocaine, five times more marijuana and twelve times more methamphetamine was seized in 2001.

- The following is a breakdown of the amounts of some of the illegal drugs seized in Marion County during the year 2001:

	Cocaine	Marijuana	Heroin	Methamphetamine
IPD Dangerous Drugs	9.4	32	.5	3
IPD Drug Interdiction	7.7	713.6	.510	19
Metro Drug Task Force	67.5	4,368	0	13.5
IPD District Narcotics	11.3	94	23.9	19
Sheriff's Department	24.17	532	.13	6.94
Total (In pounds)	120.07	5739.60	25.04	61.44

Year 1 Update:

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Year 2 Update:

- Information from the Indianapolis Police Department indicates that seizures of cocaine and marijuana increased from 2002-2004
- The following is a breakdown of the amounts of some of the illegal drugs seized in Marion County during the year 2004:

	Cocaine	Marijuana	Heroin	Methamphetamine
IPD Dangerous Drugs	59.2	140.1	81	0.9
IPD Drug Interdiction	0.6	940.1	0	1.2
Metro Drug Task Force	23.7	1,159	1,025.9	4.4
DEA Liaison	7.9	3,530	0	7.5
Safe Streets	16.4	38.6	0	0
Total (In pounds)	107.08	5,807.71	1,106.9	14.0

-

Objectives:

- A. Promote the operation and funding of inter-agency task forces to interdict and prosecute sources of supply of illegal substances at the highest possible level of distribution. These task forces should focus on points of entry (i.e. airports, bus stations, highways, etc.) as well as violent, drug-dealing organizations, gangs or groupings.
- B. Marion County must be prepared for an influx of a successor drug following the decline of "crack cocaine." Tracking, information sharing, and training with other jurisdictions should allow Marion County to anticipate and combat such illicit drugs as heroin, methcathinone and methamphetamine.
- C. Advocate effective partnerships with federal law enforcement agencies and courts.

Year 1 Update:

- **Local law enforcement within Marion County works closely in task force settings. Currently IPD has detectives assigned to the following task forces (ref. A above):**
 1. **U.S. Customs Task Force, which is responsible for the interdiction of drug shipments entering the city via persons, commercial carriers, trucks, and buses.**
 2. **The Metro Drug Task Force is a multi jurisdictional task force whose mission is to identify and arrest individuals or members of organizations that are selling, delivering, or storing illegal narcotics and/or weapons in Marion County and adjoining counties**
 3. **The Safe Streets Task Force joins forces with the FBI, Marion County Sheriff, Prosecutors Office, Johnson County Sheriff to identify and dismantle criminal gangs within Indianapolis, Marion County. Special emphasis is placed on gangs that commit high impact violent crimes, including homicides, drug trafficking, extortion and weapons violations.**
 4. **DEA Task Force**
 5. **ATF – Project Achilles is a joint effort between IPD and the ATF to target repeat violent offenders (often drug traffickers) who face firearm violations.**
- **The State Police Methamphetamine Unit has assisted local law enforcement with training regarding the manufacture of this drug (ref. B above).**
- **Effective partnerships have been formed with numerous federal law enforcement agencies and the Indianapolis Police Department including the ATF, DEA, FBI, U.S. Marshal, U.S. Customs, and U.S. Postal Inspector. IPD also works closely with the Unites States Attorney Office Southern District of Indiana in federal prosecution and has representation at the Organized Crime Drug Enforcement Task Force (ref. C above).**

Year 2 Update:

- **Local law enforcement within Marion County works closely in task force settings. Currently IPD has detectives assigned to the following task forces (ref. A above):**
 1. **U.S. Customs Task Force, which is responsible for the interdiction of drug shipments entering the city via persons, commercial carriers, trucks, and buses.**
 2. **The Metro Drug Task Force is a multi jurisdictional task force whose mission is to identify and arrest individuals or members of organizations that are selling, delivering, or storing illegal narcotics and/or weapons in Marion County and adjoining counties**
 3. **The Safe Streets Task Force joins forces with the FBI, Marion County Sheriff, Prosecutors Office, Johnson County Sheriff to identify and dismantle criminal gangs within Indianapolis, Marion County. Special emphasis is placed on gangs that commit high impact violent crimes, including homicides, drug trafficking, extortion and weapons violations.**
 4. **DEA Task Force**
 5. **ATF – Project Achilles is a joint effort between IPD and the ATF to target repeat violent offenders (often drug traffickers) who face firearm violations.**
- **The State Police Methamphetamine Unit has assisted local law enforcement with training regarding the manufacture of this drug (ref. B above).**
- **Effective partnerships have been formed with numerous federal law enforcement agencies and the Indianapolis Police Department including the ATF, DEA, FBI, U.S. Marshal, U.S. Customs, and U.S. Postal Inspector. IPD also works closely with the Unites States Attorney Office Southern District of Indiana in federal prosecution and has representation at the Organized Crime Drug Enforcement Task Force (ref. C above).**

Goals:

There will be a reduction in the number/quantity of illegal drugs entering the illicit marketplace in Marion County annually.

Year 1 Annual Benchmarks:

- 1) **By 12-31-2006 there will be a 5-10% increase in the seizure of cocaine, marijuana and methamphetamine coming into Marion County.**

Year 2 Annual Benchmarks:

- **The Board of DFMC did not update Benchmarks in Year 2.**

Problem Statement #10: C2. The swift, certain and orderly administration of justice for those guilty of supplying and/or using illegal drugs in Marion County continues to require improvement.

Supportive Data:

- The Marion County Adult Probation Department reported that during 2002 the Crime Lab conducted 89,121 drug tests, which was well above their original estimated volume.
- The Marion County Jail has a serious problem with overcrowding that can be partially attributed to offenders awaiting trial for drug-related charges.

Year 1 Update:

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Year 2 Update:

- **The 2003 A.D.A.M.* report estimated that as many as 75% of Marion County arrestees tested positive for drug use. (*Arrestee Drug Abuse Monitoring program)**
- **During the last five years, The Marion County Jail has released more than 10,000 inmates early due to overcrowding. (Indianapolis Star, June 2006)**

Objectives:

- A. Provide more resources and better technology for screening, testing and aggressive monitoring of conditional release defendants and probationers charged with or convicted of drug related offenses, to include more provision for adequate capacity in the area of intermediate sanctions, such as, minimum security detention and/or work details as well as education regarding probation rules and consequences of violations.
- B. Encourage law enforcement agencies to cooperate with the criminal justice system to expedite major drug felony cases; for example, in the areas of timely provision of discovery, scheduling, field-testing of substances to establish probable cause and the like.

- C. Increase resources for the Public Defender's Office, Prosecutor's Office and Probation Department for handling drug-related cases.

Year 1 Update:

- **Provide financial support for the following programs, which address this problem (ref. A above):**
 - 1) **Offender Drug Testing Confirmation Project – Marion County Adult Probation**
 - 2) **Enhanced Accountability Project – Marion County Adult Probation**
 - 3) **Conditional Release Officer – Marion County Justice Agency.**
- **Indianapolis/Marion County law enforcement officials are fortunate in that drug results are available by the Marion County Crime Laboratory within 24 hours to expedite proper charging of narcotic cases (ref. B above).**
- **Provided financial support for the Probation Curfew Project – Marion County Adult Probation, that addressed this problem (ref. C above).**

Year 2 Update:

- **Provided financial support for the Conditional Release Officer – Marion Superior Court, Community Court (ref. A above).**
- **Indianapolis/Marion County law enforcement officials are fortunate in that drug results are available by the Marion County Crime Laboratory within 24 hours to expedite proper charging of narcotic cases (ref. B above).**
- **Grant funds from the Indiana Criminal Justice Institute support 5 Public Defenders and 1 Prosecutor to assist with expediting drug cases in courts #14 & #20 (ref. C above).**

Goals:

- Those guilty of supplying and/or using illegal drugs in Marion County will be processed through the Criminal Justice system in a more suitable and expeditious manner.

Year 1 Annual Benchmarks:

- 1) **By 12-31-2004, reduce the average time to dispose of a major drug felony case to 120 days.**
- 2) **By 12-31-2005, reduce the average time to dispose of a major drug felony case to 70 days.**

Year 2 Annual Benchmarks:

- **The Board of DFMC did not update Benchmarks in Year 2.**

Problem Statement #11: C3. There is a need to encourage or promote treatment options for those offenders who, driven by their addiction, commit crimes. Programs and services should be initiated or expanded to serve juvenile offenders.

Supportive Data:

- Research of existing drug courts demonstrate their effectiveness in: 1) reducing drug abuse by criminals; 2) reducing recidivism; 3) reducing treatment “drop-outs”; 4) Increasing efficiency of case processing. Other indicators of drug court effectiveness include improvements in obtaining and retaining employment, significant savings in jail bed days compared with treatment costs (estimated to be \$5,500 per participant in some programs) and the delivery of drug-free babies to participating women offenders. (Drug Courts: 1997 Overview of Operational Characteristics and Implementation Issues)
- The experiences of most drug courts indicates that both the drug usage and recidivism of defendants participating in drug court programs is substantially reduced while in the drug court program and, for most participants who graduate the programs (ranging from 50% - 65%), nearly eliminated altogether. (Summary Assessment of the Drug Court Experience, Prepared by the Drug Court Clearinghouse and Technical Assistance Project.)

Year 1 Update:

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Year 2 Update:

- **Drug Courts....are a more cost effective method of dealing with drug problems than either probation or prison. (Institute for Applied Research, 2004)**
- **A 2005 report on the Marion County Drug Treatment Diversion Program indicated that only 12% of 2004 graduates had been rearrested within one year of graduation, compared to the national average of 16.4% included in a 2004 NIDA Report.**

Objectives:

- A. Expand and continuously evaluate the operation of Marion County’s new drug treatment court for non-violent offenders whose criminal activities can be shown to relate to their addictions, providing further opportunities for such offenders to commit themselves to intensive, long-term treatment as an alternative to conventional prosecution and incarceration.
- B. Expand drug treatment court offered to juvenile offenders.
- C. Explore additional services for juvenile offenders and their families, including mentoring, mental health screening and life skills.
- D. Create a compendium, or resource book, listing the treatment and mentoring programs available to the criminal justice community in meeting the needs of juvenile and adult offenders.

Year 1 Update:

- **Provide financial support for the Drug Treatment Diversion Program – Marion Superior Court that addresses this problem (ref. A above).**
- **Provide financial support for the Mentoring Program – Marion County Prosecutor's Office that addresses this problem (ref. C above).**
- **Our Substance Abuse Treatment Provider Directory addresses this problem regarding treatment programs. Our Prevention/Education Committee is working on a similar directory for Prevention programs. We are not aware of any resource listings for mentoring programs (ref. D above).**

Year 2 Update:

- **Provide financial support for the Drug Treatment Diversion Program – Marion Superior Court that addresses this problem (ref. A above).**
- **The AIM (Aftercare for Indiana through Mentoring) program addresses this problem (ref. C above)**
- **Our Substance Abuse Treatment Provider Directory addresses this problem regarding treatment programs (ref. D above).**

Goals:

- There will be an increase in treatment services utilized by offenders, both adult and juvenile, whose criminal activities relate to their addiction.
- Criminal Justice and treatment resources will establish a stronger link/continuum of services that will reduce drug usage and recidivism among non-violent criminal offenders.

Year 1 Annual Benchmarks:

- 1) **By 7-1-2005, provide effective treatment services annually to 200 non-violent offenders and their families.**
- 2) **By 12-31-2006, reduce by 5% the number of repeat and/or first time offenders rearrested within a twelve-month period following completion of their drug treatment program.**
- 3) **By 12-31-2006, expand the services offered in juvenile drug treatment court to offenders and their families.**
- 4) **By 12-31, 2005 create and publish a compendium of treatment and mentoring programs available to the criminal justice community in meeting the needs of juvenile and adult offenders.**

Year 2 Annual Benchmarks:

- **The Board of DFMC did not update Benchmarks in Year 2.**

Problem Statement #12: C4. There is a perception in the neighborhoods of impunity associated with street-level drug trafficking.

Supportive Data:

- Despite general satisfaction with policing in their neighborhoods, residents in 3 out of 4 Indianapolis Police Department Districts identified drug dealing as the “major problem” in their neighborhoods (IPD District Community Policing Two-Year Implementation Reports, August 1996).

Year 1 Update:

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Year 2 Update:

- **No additional data is available to support this problem statement. It will be dropped in the new plan.**

Objectives:

- A. Promote programs, which empower neighborhoods to act as the eyes and ears of the criminal justice system and create a system of feedback for those who lend assistance through crime watch, neighborhood impact statements and other related assistance.
- B. Expand the “Community Court” for low-level, non-violent offenses impacting a neighborhoods quality of life, and involve the community in the operation of the Court and its community-based sanctions.
- C. Support programs and initiatives, which promote and require responsible property management, through training and enforcement of laws related to tenancy, health, sanitation, and illegal activities on premises. Consideration should be given to leveraging private and volunteer legal resources in this effort.
- D. Promote initiative to support, reassure, and protect community members and witnesses to crime from intimidation, harassment and retribution.

Year 1 Update:

- **Indianapolis enjoys the benefit of community policing. Police and neighbors interact in ways they never have before. Officers provide community members with their cell phone numbers and pager numbers to increase communication. IPD has a dope hotline as well as “327-MOTA” which is an anonymous complaint line available to Hispanic citizens. Both lines have been responsible for numerous narcotic related arrests and crack house closures (ref. A above).**
- **Provide financial support for the Nuisance Abatement Program – Marion County Prosecutor’s Office that addresses this problem (ref. C above).**

Year 2 Update:

- **Indianapolis enjoys the benefit of community policing. Police and neighbors interact in ways they never have before. Officers provide community members with their cell phone numbers and pager numbers to increase communication. IPD has a dope hotline as well as “327-MOTA” which is an anonymous complaint line available to Hispanic citizens. Both lines have been responsible for numerous narcotic related arrests and crack house closures (ref. A above).**
- **Provide financial support for the Nuisance Abatement Program – Marion County Prosecutor’s Office that addresses this problem (ref. C above).**

Goals:

- There will be an increase in the public's confidence that the criminal justice system will effectively combat street-level drug trafficking in the neighborhoods.
- There will be an increased coordination of services by all segments of the Criminal Justice system including improving the accessibility of the court system to victims and educating the neighborhoods on how to utilize the system, while offering positive feedback to those who lend assistance.

Year 1 Annual Benchmarks:

- 1) By 12-31-2005, there will be an increase in calls to authorities reporting illegal drug use and activities in neighborhoods.
- 2) By 12-31-2006, there will be an increase in the number of offenders processed through the neighborhood courts, by 15%, using accountable, neighborhood-based, restorative sentences.
- 3) By 12-31-2004, establish a feedback system within the Prosecutor's office for witnesses, crime watch activists and those providing neighborhood impact statements.
- 4) By 12-31-2004, produce PSA campaign designed to encourage witnesses to testify in drug-related cases.

Year 2 Annual Benchmarks:

- The Board of DFMC did not update Benchmarks in Year 2.

Problem Statement #13: C5. Substance abuse and alcohol related crimes are a significant problem for the community.

Supportive Data:

- During 2001, 67% of adult arrestees in Marion County tested positive for some type of illegal drug use (2001 A.D.A.M. Statistics).
- According to the Marion Superior Court Probation Department, in 2002, 44% of adult offenders were charged with alcohol or other drug related offenses (27% alcohol & 17% other drugs).
- In 1999, there were more than 1,200 crashes, nearly 900 injuries and more than 20 deaths in Marion County with alcohol involved. (Indiana State Police Crash Reports)

Year 1 Update:

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Year 2 Update:

- During 2003, 64% of male and 72% of female arrestees in Marion County tested positive for some type of illegal drug use (2003 A.D.A.M. Statistics).
- According to the Marion Superior Court Probation Department, in 2005, 47.4 % of adult offenders were charged with alcohol or other drug related offenses (25.1 % alcohol & 22.3% other drugs).

Objectives:

- A. Increase Police and Sheriff Department's presence for law enforcement and crime prevention efforts directed toward criminal activity related to alcohol and other drugs.
- B. Support increased funding for organizations and agencies to combat substance abuse and its criminal effect in Marion County. (I.e. MADD, Traffic Safety Partnership, etc.)
- C. Support the use of modern technology to investigate and/or reduce substance abuse related crimes.
- D. Support research to track recidivism rates between second and third offenses for drunk driving in Marion County.

Year 1 Update:

- **Provided financial support for the Probation Curfew Project – Marion County Adult Probation, which addressed this problem (ref. C above).**

Year 2 Update:

- **Unaware of any actions taken to address this problem.**

Goals:

- There will be an increase in law enforcement efforts and community programming to decrease the number of substance abuse and alcohol related crimes within Marion County.

Year 1 Annual Benchmarks:

- 1) **By 12-31-2006, there will be a 5% reduction in the number of juveniles charged with alcohol and/or drug-related crimes.**
- 2) **By 12-31-2006, there will be a 5% reduction in the number of alcohol related injuries and fatalities resulting from driving crashes.**
- 3) **By 12-31-2006, reduce by 5% the number of adult offenders charged with alcohol and other drug-related crimes.**

Year 2 Annual Benchmarks:

- **The Board of DFMC did not update Benchmarks in Year 2.**

Problem Statement #14: C6. Marion County merchants continue to market and sell tobacco products to children and teens.

Supportive Data:

- Indiana continues to be fifth in the nation in the prevalence of the use of tobacco products. (Center for Disease Control Report 1998)
- While the national average for pregnant women using tobacco is 12%, the percentage for the State of Indiana is 20%. (Indiana State Department of Health)

- Although the number of retailers in Indiana selling tobacco products to youth volunteers, ages 14, 15 and 16, has improved from 26% in 1998 to 19% in 2002, this continues to be a problem in our community. (Indiana Tobacco Prevention and Cessation Agency, 2002)
- Smoking Facts In Marion County*
 - 1) 28% of adults smoke
 - 2) 39% of teens smoke
 - 3) 20% of pregnant women smoke
 - 4) Marion County experiences a 50% higher rate of lung cancer than the rest of the country
 - 5) Recent reports place the cost of disease and death caused in Marion County, Indiana, by second hand smoke to be nearly 56 million dollars

(*Marion County Department of Health 2002 Report)

Year 1 Update:

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Year 2 Update:

- **According to the Indiana State Dept. of Health, in 2005, Indiana ranked 2nd in the nation (27.3%) for smoking rates. (Indiana Health Behavior Risk Factors 2005 Report)**
- **16% of Marion County retailers were willing to sell tobacco products to minors in 2003 (SYNAR Amendment Enforcement Inspection Reports)**
- **Smoking Facts In Marion County***
 - 1) **27% of adults smoke**
 - 2) **Indiana ranks 16th highest overall in lung cancer mortality rates among 50 states. (*Marion County Department of Health 2005 Report)**
- **During 2000, at least \$10.5 million was spent for the hospitalization and health care of Marion County children due to second hand smoke exposure (Marion County Health Dept. Report, 2002)**

Objectives:

- A. Support legislation to increase penalties for vendors who distribute or sell tobacco products illegally.
- B. Increase presence of law enforcement agencies to discourage sales and ticket vendors selling to minors.
- C. Creation of programs to increase the understanding of those moving through the criminal justice system concerning the health risks of smoking for youth, adults and pregnant women.

Year 1 Update:

- No action taken to address this problem.

Year 2 Update:

- No action taken to address this problem.

Goals:

- There will be a decrease in tobacco sales to minors in Marion County.
- Stiffer penalties will be imposed upon merchants selling tobacco products to minors.
- Programs will be developed to reinforce the understanding of citizens moving through the criminal justice system concerning the health risks of smoking for teens, adults and pregnant women.

Year 1 Annual Benchmarks:

- 1) By 7-1-2005, new legislation will be enacted to increase penalties for vendors selling tobacco products to minors.
- 2) By 12-31-2005, more law enforcement officials will be involved in tobacco compliance checks and other monitoring operations.
- 3) By 12-31-2005, achieve a non-compliance rate in Marion County no greater than 15%.
- 4) By 12-31-2005, the criminal justice system in Marion County will be educating those who pass through the system about the health consequences of smoking.

Year 2 Annual Benchmarks:

- The Board of DFMC did not update Benchmarks in Year 2.

Problem Statement #15: M1. The level of work required to carry out the Marion County LCC stated mission is beyond the scope of a purely volunteer board.

Supportive Data:

- The board members of the LCC are unable to adequately fulfill the mission or attain their goals and objectives in Marion County without the direction and assistance of a full-time administrative staff. **

Year 1 Update:

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Year 2 Update:

- This problem statement was developed by the DFMC Board of Directors due to the magnitude of the need and issues to be addressed in a metropolitan community of the size, scope and diversity of Marion County.

Objectives:

- A. Maintain staff and office for administration of Local Coordinating Council activities.

Year 1 Update:

- **Provide financial support for the Administrative Expenses – Drug Free Marion County that addresses this problem.**

Year 2 Update:

- **Provide financial support for the Administrative Expenses – Drug Free Marion County that addresses this problem.**

Goals:

- The Marion County LCC will maintain an administrative structure and staff to support its on-going needs.

Year 1 Annual Benchmarks:

- 1) **The Marion County LCC will continue to have adequate administrative staff to carry out and perform necessary functions required to meet its goals and objectives.**

Year 2 Annual Benchmarks:

- **The Board of DFMC did not update Benchmarks in Year 2.**

Problem Statement #16: M2. It is currently difficult to identify and measure the level of problems and to provide necessary information to formulate sound policy recommendations relating to substance abuse in Marion County.

Supportive Data:

- Marion County does not have a central repository for obtaining and disseminating information from all sources either within or outside the community to assist in developing comprehensive efforts to reduce ATOD abuse.
- Marion County does not have an adequate or comprehensive system to measure the impact of ATOD abuse on our community.

Year 1 Update:

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Year 2 Update:

- **There is no data source per se to report an update, but we continue to work towards the development of Drug Free Marion County as a comprehensive data source for the community.**

Objectives:

- A. Gather epidemiological information regarding the prevalence of ATOD abuse in Marion County.
- B. Create means to measure cost of ATOD abuse to the community in both human and economic terms.
- C. Gather information regarding ATOD treatment services available in Marion County.

Year 1 Update:

- **Our “Community At-Risk, Drug Free Marion County’s SNAPSHOT of Alcohol, Tobacco and Other Drug Use,” includes information that addresses this problem (ref. A above).**
- **Our Substance Abuse Treatment Provider Directory addresses this problem (ref. C above).**

Year 2 Update:

- **Our “Community At-Risk, Drug Free Marion County’s SNAPSHOT of Alcohol, Tobacco and Other Drug Use,” includes information that addresses this problem (ref. A above).**
- **Our Substance Abuse Treatment Provider Directory addresses this problem (ref. C above).**

Goals:

- Marion County will gather and develop information to measure prevalence, cost and service continuum regarding ATOD abuse.

Year 1 Annual Benchmarks:

- 1) By 12-31-2004, will have developed plans for gathering epidemiological information regarding the prevalence of substance abuse.
- 2) By 12-31-2005, will have gathered epidemiological information regarding the prevalence of substance abuse.
- 3) By 7-1-2006, will have developed means for measuring human and economic cost of ATOD abuse to the community.
- 4) By 12-31-2006, will have developed plans for disseminating information regarding prevalence of substance abuse in Marion County.
- 5) By 7-1-2007, will have initiated research on measurement of human and economic cost of ATOD abuse.
- 6) By 12-31-2007, will have developed plans for disseminating research information regarding the human and economic cost of ATOD abuse to the community.
- 7) By 12-31-2004, report on ATOD treatment services in Marion County, including, but not limited to, availability, cost, waiting lists and other variables will be produced.
- 8) Produce quarterly updates to Marion County ATOD treatment services report.

Year 2 Annual Benchmarks:

- The Board of DFMC did not update Benchmarks in Year 2.

Please attach the County's Fiscal Report for review!

2005 Drug Free Community Fund: Total Deposits \$469,678.73
(Per the Marion County Auditor) Cash Balance as of 12-31-05 \$486,210.87

2005 Grant Recipients**CRIMINAL JUSTICE**

Marion Superior Court	Drug Treatment Diversion	\$55,000
Community Court	Resource Coordinator	25,000
Marion Co. Prosecutor	Nuisance Abatement	32,500

TREATMENT

Marion Superior Court	Juvenile Drug Treatment Program	12,320
The Julian Center	Substance Abuse Counseling	20,000
Marion County Public Defender	Sentencing Project	20,484

Gallahue Mental Health	Assisted Living While in Treatment	40,150
Partners In Housing	Housing +	30,864
Hoosier Veterans Assistance	Residential, Employment & Substance Abuse Treatment	12,966

PREVENTION/EDUCATION

Ruth Lilly Health Education Ctr.	Feelings & Drugs	15,000
Boys & Girls Club	Smart Moves	34,875
Children's Bureau	Lion's Quest	4,500
Fairbanks	Prevention Training of School Community	20,927
Ruth Lilly Health Education Ctr.	Choice or Chance	8,500
MSD of Perry Township	Brightwood/Forest Manor Summer Day Camp	28,698

MISCELLANEOUS

Drug Free Marion County	Administrative Expenses	<u>88,216</u>
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TOTAL \$450,000

Next Annual Update Due: January 2008

Next Comprehensive Community Plan Due: January 2007

Date of Community Consultant Review:

Disclaimer:

You agree that the information provided within this Plan is subject to the following Terms and Conditions. These Terms and Conditions may be modified at any time and from time to time; the date of the most recent changes or revisions will be established by the Commission and sent electronically to all Local Coordinating Councils.

Terms and Conditions:

The information and data provided is presented as factual and accurate. I hereby acknowledge that I can be asked to submit proper documentation regarding the data submitted within the Plan. Failure to do so could result in a "denied approval" by the Commission under IC 5-2-6-16.

The Local Drug Free Communities Fund must be spent according to the goals identified within the plan. I hereby acknowledge that I can be asked to submit proper documentation regarding funds that are collected, allocated, and disbursed within the

county. Failure to do so could result in a “denied approval” by the Commission under IC 5-2-6-16.

Initials: RPM